



LINCOLN CHAFEE

U.S. SENATOR

RHODE ISLAND

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CHAFEE ANNOUNCES \$490,045 TO PROMOTE PHYSICAL ACTIVITY AFTER COLORECTAL CANCER

WASHINGTON, DC – U.S. Senator Lincoln Chafee was recently notified that the U.S. Department of Health and Human Services has awarded Miriam Hospital \$490,045 from the National Cancer Institute. The funding will be used for the implementation of the Promoting Physical Activity After Colorectal Cancer program, to enhance recovery of colorectal cancer patients by offering survivors who have completed treatments a home-based program of physical activity. The program is based on prior work by Miriam Hospital among breast cancer survivors, where telephone-delivered physical activity counseling over a three-month period was administered.

“Survivors of colorectal cancer are often faced with adverse side-effects as a result of their treatment,” Senator Chafee said. “I am pleased that these funds will be used to develop a proactive plan to combat the physical and psychological problems that can arise when recovering from such an illness,” he continued.

Survivors of colorectal cancer are faced with many secondary problems as a result of their illness and subsequent treatments. Both physical and psychological, they include increased risk of second cancers, the improper performance of major organs, problems with cognitive and sexual functioning, as well as social anxiety within the workplace or elsewhere. In addition, common treatments such as chemotherapy and/or radiation will increase an individual’s risk for cardiovascular disease, obesity, osteoporosis, and future cancers. Collectively, these side effects result in fatigue, low vigor, impaired physical functioning, and disturbances in body esteem which grossly reduce the patient’s quality of life. Using Miriam’s previous program designed for breast cancer survivors as a template, the study will test the success of physical activity intervention by employing a randomized controlled design among 143 patients who have completed treatments for colorectal cancer within the last two years. The program hopes to restore physically

active behavior, fitness, and vigor while reducing fatigue and improving physical functioning and body esteem. The subjects will be tested at baseline as well as 3, 6, and 12 months after treatment has concluded. Documented will be costs and analysis of mediators and moderators of change to help guide the future development of physical activity interventions to enhance recovery from colorectal cancer.

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